

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
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TOTAL DID.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS	DID	DEP	DID	DEP	DID	DEP
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100						
TOTAL IND.	2					
TOTAL DEP.	12	12				
TOTAL CLAIMS	14					